

# ILLINOIS COST CONTAINMENT ANNUAL FEE

## Worksheet

Company Name: \_\_\_\_\_

Federal Employer's Identification Number: \_\_\_\_\_

### Annual Statement, Page 15 Lines of Business

### 1997 Direct Premiums Written

Line 11 Medical malpractice .....\$ \_\_\_\_\_

Line 17 Other liability .....\$ \_\_\_\_\_

Line 19.1 Private passenger auto no-fault (personal injury protection) .... \$ \_\_\_\_\_

Line 19.2 Other private passenger auto liability .....\$ \_\_\_\_\_

Line 19.3 Commercial auto no-fault (personal injury protection) .....\$ \_\_\_\_\_

Line 19.4 Other commercial auto liability .....\$ \_\_\_\_\_

Line 21.1 Private passenger auto physical damage .....\$ \_\_\_\_\_

Line 21.2 Commercial auto physical damage .....\$ \_\_\_\_\_

Sum of the above lines .....\$ \_\_\_\_\_

I hereby certify that the foregoing worksheet has been examined by me, and to the best of my knowledge and belief is true, correct and complete.

Signed this \_\_\_\_\_ day of \_\_\_\_\_, 1998.  
*month*

Corporate Officer: \_\_\_\_\_  
*Signature*

\_\_\_\_\_  
*Printed Name*